

**SEMESTER II KNOWLEDGE CERTIFICATION
FLONASE Evaluation Form**

Representative: Blair Hamrick DSM: B. Curtin Date: 11-16-01

Please use the following scale to evaluate the representative's completion of each of the seven questions:

- 5 – Successfully Demonstrated
4 – Demonstrated, but not to level of expectations
3 – Attempted, but inaccurate or inappropriate
- 2 – Only a partial attempt was demonstrated
1 – Not demonstrated or attempted at all

VERBAL CERTIFICATION: (Please circle)

1.	1	2	3	4	<u>5</u>	5.	1	2	3	4	<u>5</u>
2.	1	2	3	4	<u>5</u>	6.	1	2	3	4	<u>5</u>
3.	1	2	3	4	<u>5</u>	7.	1	2	3	4	<u>5</u>
4.	1	2	3	4	<u>5</u>						

AUDIOTAPED OBJECTION HANDLING CERTIFICATION:

Please use the same scale to evaluate each category for the role-play exercise:

Opening a Call	Identifying/ Creating a Need	Positioning Value	Handling Resistance with AQST	Closing
<ul style="list-style-type: none"> Transition from conversation to business Interest Creating Statement (patient type/disease state) Open the call with enthusiasm 	<ul style="list-style-type: none"> Questions to engage dialogue (need) If necessary create need Listening Skills/ Recognized Need Questions are not Interrogating Temperature Checks 	<ul style="list-style-type: none"> Supported Identified Need Appropriate competitor comparisons without bashing GSK product knowledge Sells with Product Benefits Sells with Managed Care Benefits Resource Utilization 	<p>Objection: (circle one)</p> <p><u>1</u> 2 3</p> <p>A - Acknowledge objection</p> <p>Q - Question to clarify objection</p> <p>S - Support the positioning of product's value with a feature/benefit</p> <p>T - Temperature Check</p> <p>T - Transition to another benefit</p>	<ul style="list-style-type: none"> Dosing Summarized Product Benefits Summarized Managed Care Benefits Commit to a specific action Assertive Selling Always Professional (impactful, memorable and compelling)
Appropriate Value	Appropriate Value	Appropriate Value	Appropriate Value	Appropriate Value
1 • 2 • 3 • <u>4</u> • 5	1 • 2 • 3 • 4 • <u>5</u>	1 • 2 • 3 • <u>4</u> • 5	1 • 2 • 3 • 4 • <u>5</u>	1 • 2 • 3 • <u>4</u> • 5

Strengths:

Used patient profile - Laura would have been a better choice
Made points of convenience of dosing, 12 hr relief, less albuterol use. Uncovered that she did not know the Serevent was approved for COPD.

Developmental Needs:

Know + used MHC benefits + in the close.

Action Steps:

Differentiate between patient types
Used MHC formulary status as benefits/closing.

Representative: Blair Hamrick Date: 11/16/01
District Sales Manager: Barbara Curtin Date: 11-16-01

White copy – Rep

Yellow copy – DSM

Pink copy – Training Services

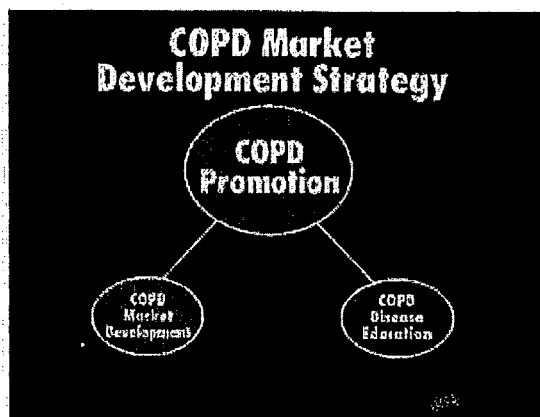
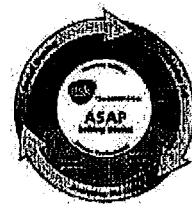
COPD MARKET DEVELOPMENT SELLING RESOURCE

COPD
MARKET DEVELOPMENT



Semester II - 2002

COPD MARKET DEVELOPMENT STRATEGY



The promotional strategy for COPD is a two-pronged approach involving market development activities focused on disease state education and the promotion of SEREVENT DISKUS. The goal of the educational component is to improve the understanding of COPD as a complex disease of multiple components. The second component of the promotional strategy will center around SEREVENT DISKUS. SEREVENT DISKUS promotion will highlight the COPD indication and the convenience of the DISKUS device.

CORE MESSAGE

Disease State Education

COPD is a complex disease of multiple components: bronchoconstriction, inflammation, and structural changes.

SEREVENT DISKUS

- SEREVENT DISKUS now has the indication for maintenance treatment of bronchospasm associated with COPD (including emphysema and chronic bronchitis).
- SEREVENT DISKUS with one inhalation twice daily is convenient for patients with COPD.

FOR TRAINING PURPOSES ONLY - NOT TO BE USED IN DETAILING

COPD MARKET DEVELOPMENT STRATEGY



OPENINGS

Disease State Awareness Aid

☐ Doctor, as you may know, asthma is a complex disease of two main components (inflammation and bronchoconstriction). I would like to discuss another complex disease, COPD, which may include inflammation, bronchoconstriction, and structural changes.

☐ Doctor, as you know, it is often difficult to differentiate between asthma and COPD.

☐

SEREVENT DISKUS Sell Sheet

☐ Doctor, I would like to let you know that SEREVENT DISKUS is now indicated for the maintenance treatment of bronchospasm associated with COPD, including emphysema and chronic bronchitis.

☐ Doctor, did you know SEREVENT is now available in the convenient DISKUS device with just one inhalation twice daily.

☐

☐

FOR TRAINING PURPOSES ONLY - NOT TO BE USED IN DETAILING



IDENTIFY/CREATE NEEDS

Disease State Awareness Aid

☐ Doctor, can you tell me how you differentiate between asthma and COPD?

☐ _____

SEREVENT DISKUS Sell Sheet

☐ Doctor, when choosing medication, wouldn't it be important to have a treatment option that provides convenient dosing in a convenient device?

☐ _____

☐ _____

COPD MARKET DEVELOPMENT STRATEGY



SUPPORTING STATEMENTS

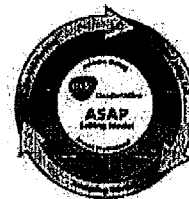
COPD Disease State Education

- ☐ Diagnosis between COPD and asthma may be confusing because many asthma and COPD patients may exhibit the same symptoms, such as wheezing, coughing, and dyspnea.
- ☐ A diagnosis of COPD should include an assessment of exposure to risk factors, including tobacco smoke, occupational dusts and chemicals, indoor and outdoor air pollution, and history of severe respiratory infection.
- ☐ COPD does not occur only in white male smokers over the age of 65. The patient profile of COPD is changing to include more women.
- ☐ COPD is a complex disease of multiple components: bronchoconstriction, inflammation, and structural changes.

SEREVENT DISKUS Sell Sheet

- ☐ SEREVENT DISKUS is now indicated for the maintenance treatment of bronchospasm associated with COPD.
- ☐ SEREVENT DISKUS with one inhalation twice daily is convenient for patients with COPD.
- ☐ Unlike an MDI, SEREVENT DISKUS requires no hand-breath coordination.
- ☐ Even patients with severe lung dysfunction (FEV₁ 20% to 30% predicted) can achieve a flow rate sufficient to receive an effective dose.
- ☐ SEREVENT DISKUS contains 60 doses (a 30-day supply) with a built-in dose counter.

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COMMON QUESTIONS

I hear you have filed with the FDA for a new indication for ADVAIR in COPD. Where does that stand?

Answer: GlaxoSmithKline has filed a supplemental new drug application for ADVAIR in COPD and received an approvable letter in March of this year. GlaxoSmithKline is currently working with the FDA to address its request for additional information.

Do you have any efficacy data on the use of ADVAIR DISKUS in COPD?

Answer: Doctor, I do have some data that I can share with you, but as of now, ADVAIR has not been approved for the treatment of COPD.

Support: Two US pivotal trials for ADVAIR DISKUS in the treatment of COPD have shown that ADVAIR 500/50 and ADVAIR 250/50 resulted in significantly greater improvement in morning predose FEV₁ in patients with COPD compared with salmeterol alone at the same dose or placebo. ADVAIR 500/50 and ADVAIR 250/50 also showed a significantly greater improvement in 2-hour postdose FEV₁ compared with FP alone at the same dose or placebo.

Proof Source: FaxBack #428

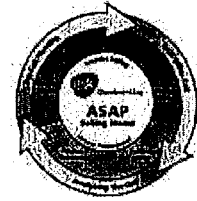
Do you have any safety data on the use of ADVAIR DISKUS in COPD?

Answer: Doctor, I do have some data that I can share with you, but as of now, ADVAIR has not been approved for the treatment of COPD.

Support:

- In two US pivotal trials for ADVAIR DISKUS in the treatment of COPD, all active treatments were well-tolerated. Adverse events were similar among groups in incidence, type, and severity, except candidiasis, which was higher in the groups receiving ADVAIR and fluticasone. The incidence of cardiovascular events (palpitations, tachycardia, QTc prolongation) was slightly higher in the placebo group (9%) compared with the active treatment groups (4-6%) in one study and was similar across the treatment groups (7-8%) in the other.

COPD MARKET DEVELOPMENT STRATEGY



COMMON QUESTIONS (cont)

- Reports of fractures, cataracts, glaucoma, or related ocular events were rare, and none were considered to be drug related.

Proof Source: FaxBack #428

Do you have any long-term data on the use of ADVAIR DISKUS in COPD?

Answer: Doctor, I do have some data that I can share with you, but as of now, ADVAIR has not been approved for the treatment of COPD.

Support: In a 1-year non-US clinical trial including 1465 patients with COPD, patients receiving ADVAIR DISKUS 500/50 experienced significantly greater improvement of predose FEV₁ and health status than did those patients receiving salmeterol 50 mcg, fluticasone 500 mcg, or placebo. The exacerbation rate was significantly lower in the group receiving ADVAIR compared to the placebo group. All treatments were well-tolerated, with no differences in the incidence of adverse events.

Proof Source: FaxBack #428

I don't think ICSs work in COPD. Do you have data to show that they do?

Answer: Thank you, doctor. I can appreciate your position on this issue. There are conflicting views in the medical community regarding the use of ICSs in patients with COPD.

Support: While ICSs are not approved for use in the treatment of COPD, long-term trials conducted over 3 to 4 years in patients with COPD indicate that inhaled corticosteroid therapy may improve lung function, decrease exacerbations, and decrease symptoms.

Proof Source: FaxBack #134 (Table 1)



What data do you have about bone mineral density (BMD) and the use of inhaled corticosteroids in patients with COPD?

Answer: Safety is important when choosing a medication.

Support:

- One long-term study showed small but statistically significant decreases in BMD after 3 years of treatment with triamcinolone 1200 mcg/day.
- Another 3-year study of budesonide 800 mcg/day did not show significant changes in BMD.
- There are no data with FP on BMD in patients with COPD. However, in the ISOLDE study, which was a 3-year randomized, double-blind, placebo-controlled trial designed to test the effect of inhaled FP 500 mcg (via MDI) twice daily in patients with COPD, the incidence of fracture was low (FP, 2.4%; placebo, 4.6%).
- There are long-term data (2 years) on BMD with FP 500 b.i.d. in patients with asthma that showed no effect. However, this patient population is different (younger and nonsmokers), and the relevance of these data to patients with COPD is not known. I can have this information faxed to you.

Proof Sources: FaxBack #133, FaxBack #134

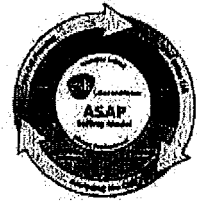
I am concerned with the cardiovascular side effects of SEREVENT.

Answer: I can understand. Safety is important when choosing a medication.

Support:

- Doctor, as you know, cardiovascular effects may be seen with all sympathomimetic drugs. SEREVENT should be used with caution in patients unusually responsive to sympathomimetic amines and in those with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension and may require discontinuation of the drug.
- A pooled analysis of seven randomized clinical trials of MDI and DISKUS showed that there was no evidence of an increased risk of cardiovascular complications in patients with COPD treated with salmeterol 50 mg twice daily as compared with placebo.

COPD MARKET DEVELOPMENT STRATEGY



COMMON QUESTIONS (cont)

- Continuous 24-hour ambulatory electrocardiograph revealed no significant differences among treatment groups in mean heart rate or in the occurrence of ventricular or supraventricular ectopy after 4 weeks of treatment. Results from 12 lead ECG did not indicate any significant unfavorable changes from baseline at the end of 24 weeks of treatment.

Proof Sources: Prescribing Information for SEREVENT Inhalation Aerosol, Prescribing Information for SEREVENT DISKUS, FaxBack #339

Is tolerance an issue with SEREVENT in patients with COPD?

Answer: I can understand your concern. It is important to have a medication that will continue to be effective over time.

Support:

- No diminution of bronchodilator effects was observed with SEREVENT DISKUS as assessed by predose FEV₁, postdose FEV₁, and serial 12-hour FEV₁.
- Median time to onset of clinically significant bronchodilation in most patients was seen within 30 minutes. Maximum improvement in FEV₁ was seen at 2 hours, and clinically significant improvement was maintained for 12 hours.
- There is no evidence of tolerance to the bronchodilator effect with SEREVENT DISKUS for periods of up to 6 months of continued administration.

Proof Source: FaxBack #404



HANDLING RESISTANCE

Question: _____

Answer: _____

Support: _____

Proof Source: _____

Question: _____

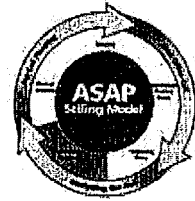
Answer: _____

Support: _____

Proof Source: _____

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COPD MARKET DEVELOPMENT STRATEGY



HANDLING RESISTANCE (cont)

Question: _____

Answer: _____

Support: _____

Proof Source: _____

Question: _____

Answer: _____

Support: _____

Proof Source: _____

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CLOSINGS

☐ Based on the information we have discussed, Doctor, will you use SEREVENT DISKUS in the treatment of COPD?

☐ _____

☐ _____

☐ _____

COPD MARKET DEVELOPMENT STRATEGY



BRIDGING STATEMENTS

(transitioning from one product to another)

COPD TO ADVAIR

- ☐ We have discussed the multiple components (bronchoconstriction, inflammation, and structural changes) associated with COPD. Now I would like to talk about asthma, another disease with multiple components.
- ☐ Just as SEREVENT is available in the convenient DISKUS device with twice daily dosing, ADVAIR is also supplied in the DISKUS device.







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COPD TO FLONASE

- ☐ We have mentioned that inflammation is one component of COPD. Now I would like to discuss the inflammation associated with allergic rhinitis.







COPD MARKET DEVELOPMENT STRATEGY



FAXBACK SERVICE

A fax-on-demand service offered by Medical Information to allow sales representatives to immediately access, upon request, selected drug information letters for healthcare professionals.

To access the FaxBack Service:

1. Dial 1-888-626-3796.
2. You will be instructed to enter your PIN Number, which will be your complete voice mail number or Octel number.
3. When prompted, choose the desired document number for the information requested.
4. When prompted, enter the healthcare professional's fax number followed by the # key. (Allow approximately 30-50 seconds per page.)

To view FaxBack lists on the Web, go to: <http://usrd.glaxo.com/medinfo/faxback.htm>

To view professional profile via PASSPORT, select Request Tab, and choose Medical Information.

If you have any questions or experience difficulties using the FaxBack Service, contact Medical Information at 1-888-825-5249, extension 35168, or write to GlaxoSmithKline Medical Information Dept., 5 Moore Drive, Research Triangle Park, NC 27709.

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Rules for Use:

- ☐ All requests for medical information must be spontaneous requests from a healthcare professional and unsolicited by sales representatives.
- ☐ All information provided by Medical Information must be completely unbiased and reflect known information on the subject whether favorable or unfavorable.
- ☐ For additional information, please refer to the following policies: *Sales Representatives' Use of FaxBack and Other Medical Information Letters* dated April 19, 2000 and *Policy for Field Sales Representatives on Responding to Unsolicited Off-label Questions about Marketed Products* dated June 4, 2001.

Policy on FaxBack Use by PSRs:

- ☐ FaxBack letters may be carried by PSRs.
- ☐ FaxBack letters may be shown to and discussed with healthcare professionals (HCPs) only in response to specific unsolicited, off-label questions about SEREVENT, FLOVENT, or ADVAIR.

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**Limitations of FaxBack Letters:**

- ☐ Discussions with HCP should NOT go beyond what is covered in the FaxBack letter.
- ☐ PSR must request that the FaxBack letter be sent to the HCP
- ☐ The PSR's copy of the letter may NOT be left behind.

Index of key COPD Letters (request code, title, and key points)**FaxBack #133***Effect of FLOVENT on Bone Metabolism/Osteoporosis*

- One-year and two-year studies in patients with asthma suggest that FP may have no effect on bone mineral density or markers of bone metabolism.

FaxBack #134*Use of FLOVENT in COPD*

- Five large trials evaluated the long-term effectiveness (over 6 months to 3 years) of FLOVENT. These trials demonstrated that FLOVENT decreased the rate of COPD exacerbations, improved health status, and improved lung function significantly more than placebo.
- FLOVENT was well-tolerated in these studies with a slightly higher incidence of hoarseness/dysphonia, throat irritations, candidiasis, and bruising than placebo. Small decreases in serum cortisol concentrations were observed, however, no decreases were associated with any clinical signs or symptoms.
- FP is not indicated for COPD.

FaxBack #323*SEREVENT Inhalation Aerosol: Single-agent Comparisons in COPD Trial*

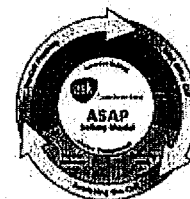
- In two large, pivotal trials, salmeterol significantly improved FEV₁ compared to baseline and reduced supplemental albuterol use compared to placebo in patients with COPD regardless of the severity of disease.
- No tolerance to the bronchodilatory effect of salmeterol was observed, as demonstrated by similar improvement in FEV₁ at Week 1 and Week 12.

FaxBack #324*SEREVENT Combination Therapy in COPD Trials*

- SEREVENT has demonstrated beneficial effects when added to existing COPD medication therapy such as ipratropium, theophylline, inhaled corticosteroids, and beta₂-agonists. These benefits were observed in patients with mild, moderate, and severe disease.
- No significant differences in safety outcomes, including cardiovascular safety, were reported between salmeterol, placebo, and other medications.

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COPD MARKET DEVELOPMENT STRATEGY



FAXBACK SERVICE (cont)

FaxBack #325

SEREVENT: Safety in the Treatment of COPD

- No significant differences in safety outcomes, including cardiovascular safety, were seen in two pivotal trials comparing salmeterol with ipratropium.
- No effect on the cardiovascular system is usually seen after the administration of SEREVENT Inhalation Aerosol in recommended doses.
- Cardiovascular effects may be seen with all sympathomimetic drugs. SEREVENT should be used with caution in patients unusually responsive to sympathomimetic amines and those with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension, and may require discontinuation of the drug.

FaxBack #326

SEREVENT: Quality of Life in Patients with COPD

- Several studies, using different methodologies, have demonstrated that SEREVENT Inhalation Aerosol may improve the quality of life (QOL) of patients with COPD.
- Significant differences in favor of salmeterol vs theophylline were seen in some of the indices measured including physical functioning after 3 months, changes in health perception after 9 months, and social functioning after 12 months.
- In a retrospective analysis of two 12-week clinical trials evaluating salmeterol, ipratropium, and placebo, a higher proportion of patients who received SEREVENT but not ipratropium achieved a meaningful improvement in health-related QOL compared to placebo.

FaxBack #328

SEREVENT: Nonbronchodilator Effect

- Salmeterol may produce nonbronchodilator effects that may contribute to its therapeutic effects in the treatment of asthma and COPD. Many of these effects have been determined in vitro or in animal models; therefore, the clinical relevance in asthma and COPD is still unknown.
- Nonbronchodilatory effects include improvement in mucociliary clearance and ciliary beat frequency, a protective effect of the respiratory epithelium against the effects of bacteria, and an inhibition of airway smooth muscle proliferation.
- In addition, salmeterol has demonstrated anti-inflammatory effects including an inhibitory effect on mediator release, inflammatory cell infiltration, and eosinophil activation and degranulation.

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FaxBack #337

SEREVENT DISKUS: COPD Trials

- SEREVENT DISKUS was effective and well-tolerated in two US pivotal trials.
- In a study of stable COPD patients, SEREVENT DISKUS was shown to have significantly greater improvements in QOL scores and FEV₁ compared to patients in the placebo group and patients in the ipratropium plus fenoterol group.

FaxBack #339

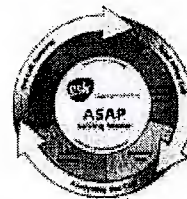
SEREVENT: Cardiovascular Safety in COPD

- A pooled analysis of seven randomized clinical trials of MDI and DISKUS showed that there was no evidence of an increased risk of cardiovascular complications in patients with COPD treated with salmeterol 50 mg twice daily as compared with placebo.
- Cardiovascular effects may be seen with all sympathomimetic drugs. SEREVENT should be used with caution in patients unusually responsive to sympathomimetic amines and in those with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension, and may require discontinuation of the drug.

FaxBack #428

ADVAIR DISKUS: COPD Clinical Trials

- Treatment with ADVAIR DISKUS 500/50 and ADVAIR DISKUS 250/50 resulted in significantly greater improvement in morning predose FEV₁ compared with salmeterol alone or placebo.
- Treatment with ADVAIR DISKUS 500/50 and ADVAIR DISKUS 250/50 resulted in significantly greater improvement in 2-hour postdose FEV₁ compared with fluticasone propionate alone at the same dose or placebo.
- ADVAIR is not indicated for COPD.

**FaxBack 326***Quality of Life Benefits with SEREVENT in the Treatment of COPD*

- Overall, four studies, using different methodologies, have demonstrated that SEREVENT Inhalation Aerosol can improve the quality of life (QOL) of patients with COPD
- Significant differences in favor of salmeterol vs. theophylline were seen in some of the indices measured including physical functioning after 3 months, changes in health perception after 9 months, and social functioning after 12 months
- In a retrospective analysis of two 12-week clinical trials evaluating salmeterol, ipratropium, or placebo, SEREVENT but not ipratropium was found to significantly improve health-related QOL compared to placebo.

FaxBack 327*Consistent Response of SEREVENT Across COPD of Various Severities*

- In two pivotal trials, salmeterol provided consistent response across all stages of COPD severity that was maintained over 12 weeks

FaxBack 328*Non-Bronchodilator Effects of SEREVENT*

- Salmeterol may produce non-bronchodilator effects that may contribute to its therapeutic effects in the treatment of asthma and COPD. Many of these effects have been determined in vitro or in animal models; therefore, the clinical relevance in asthma and COPD is still unknown.
- Nonbronchodilatory effects include improvement in mucociliary clearance and ciliary beat frequency, a protective effect of the respiratory epithelium against the effects of bacteria, and an inhibition of airway smooth muscle proliferation.
- In addition, salmeterol has demonstrated anti-inflammatory effects including an inhibitory effect on mediator release, inflammatory cell infiltration, and eosinophil activation and degranulation.

FaxBack 329*Cardiovascular Safety of SEREVENT*

- No effect on the cardiovascular system is usually seen after the administration of inhaled salmeterol in recommended doses.
- In two large COPD clinical trials, no cases of sustained ventricular tachycardia were observed. During treatment, non-sustained, asymptomatic ventricular tachycardia that represented a clinically significant change from baseline was reported in similar numbers of placebo and salmeterol treated patients.

FaxBack 428*Use of ADVAIR DISKUS in COPD*

- Treatment with ADVAIR DISKUS 500/50 and ADVAIR DISKUS 250/50 resulted in significantly greater improvement in morning pre-dose FEV1 compared with salmeterol alone or placebo.
- Treatment with ADVAIR DISKUS 500/50 and ADVAIR DISKUS 250/50 resulted in significantly greater improvement in 2-hour post-dose FEV1 compared with fluticasone propionate alone at the same dose or placebo.
- Patients treated with ADVAIR DISKUS 500/50 experienced a significantly greater relief of dyspnea as measured by transition dyspnea index total score compared to those treated with either fluticasone propionate 500 mcg or salmeterol 50 mcg alone or placebo.
- Patients treated with ADVAIR DISKUS 500/50 and ADVAIR DISKUS 250/50 required significantly less supplemental albuterol compared to those treated with either fluticasone propionate alone or placebo.

FOR TRAINING PURPOSES ONLY - NOT TO BE USED IN DETAILING

RE: ADVAIR DISKUS®: COPD CLINICAL TRIALS

SUMMARY

TEXT IN BLUE ANSWER QUESTION 2 IN THE SRG: EFFICACY

TEXT IN RED ANSWER QUESTION 3 IN THE SRG: SAFETY

TEXT IN GREEN ANSWER QUESTION 4 IN THE SRG: LONG TERM

- Advair™ Diskus® (fluticasone propionate and salmeterol xinafoate inhalation powder) 500/50 and Advair Diskus 250/50 are not indicated for the treatment of chronic obstructive pulmonary disease (COPD).
- In two pivotal clinical trials including 1397 patients (mean age 62 to 65 years), treatment with Advair Diskus 500/50 and Advair Diskus 250/50 resulted in significantly greater improvement in the primary endpoint of morning pre-dose forced expiratory volume in one second (FEV₁) compared with salmeterol 50 mcg alone or placebo. This endpoint was designed to determine the contribution of the fluticasone propionate (FP) component in Advair Diskus. The onset of action of the fluticasone component was evident at Week 1.
- The 2-hour post-dose FEV₁, also a primary endpoint, was significantly improved in the groups receiving Advair Diskus 500/50 and Advair Diskus 250/50 compared with the groups receiving FP 500 mcg, FP 250 mcg, and placebo. This endpoint was designed to determine the contribution of the salmeterol component in Advair Diskus. The onset of action of salmeterol was evident within 2 hours after the first dose.
- Patients treated with Advair Diskus 500/50 and Advair Diskus 250/50 experienced significantly greater improvements in dyspnea, supplemental albuterol use, morning peak flow, and health status compared to those treated with placebo.
- Advair Diskus 500/50 had a median onset of action of 19 minutes after the first dose on Day 1 and had a median duration of action of 12 hours from Day 1 to Week 12 as demonstrated by 12-hour serial spirometry performed in a subset of patients (n=359). There was no evidence of tolerance after chronic administration.
- Patients in the reversible (defined as $\geq 12\%$ and ≥ 200 mL increase in baseline FEV₁ after albuterol treatment) subgroup receiving Advair Diskus 500/50 and Advair Diskus 250/50 generally had greater improvements compared to non-reversible patients.
- All active treatments were well tolerated. Adverse events were similar among groups in incidence, type and severity, except candidiasis, which was higher in the groups receiving Advair and FP. The incidence of cardiovascular events was slightly higher in the placebo